

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532391

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12	1					
13		1				
14		1				
15		1				
16		1				
17		5				
18		2				
19		2				
20		2				
21		2				
22	1					
23		1				
24		1				
25		5				
26		2				
27		2				
28		2				
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48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	37	←		←		←
TOTAL CLAIMS	40					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						